Services for Homeless People in Europe: Supporting Pathways out of Homelessness?

Isobel Anderson

Housing Policy and Practice Unit, University of Stirling, Scotland, UK.

Abstract_ This chapter adopts a dynamic, process approach to reviewing the evidence base on the effectiveness of services for homeless people in supporting pathways out of homelessness. The review considers the range of services which might be required, how they are provided and the evidence on effectiveness of different approaches. Key gaps in the research evidence base include the integration of services to maximise income/employability; better documentation of the impact of the empowerment of homeless people in service development; more robust evaluation of service outcomes; and improved understanding of the impact of partnership and inter-professional working. Despite these gaps, research evidence indicates significant progress in the provision of inclusive services for homeless people in the last 20 years, progress which may be at risk in the anticipated climate of austerity across many EU countries from 2010.

Keywords_ Homelessness pathways, services, support, housing

Introduction

This chapter aims to review research on services for homeless people in Europe, including housing support services. The topic has received considerable attention in the research programme of the European Observatory on Homelessness (EOH). The evidence base for the period 1990-2000 was reviewed in two books (Edgar, Doherty and Mina-Coull, 1999 and 2000) entitled Services for Homeless People and Support and Housing in Europe: Tackling Social Exclusion in the European Union. These volumes drew on national overviews of the, then, 15 EU member states, as well as the wider prior literature. During the period 2003-2006, a working group of Observatory researchers from a selection of EU countries reported...
annually on aspects of the changing role of services for homeless people. Since 2007, the core research output of EOH has been the *European Journal of Homelessness*, containing articles by researchers from within, and outside of the Observatory. With annual themes of *Quality and Standards in Homelessness Services; Effectiveness of Policies and Services for Homelessness*, and *Governance and Homelessness*, the topic of services for homeless people continued to be well-covered during 2007-2009.

The review draws largely upon the above body of evidence and some recent key international reviews to establish the broad pattern of findings from the current evidence base. The topic is extremely complex and there are particular challenges in analysing service provision across a number of welfare policy domains (including housing) and the immense variation across EU countries in terms of both the development of homelessness services and the scale, quantity and rigour of national and cross-national research. The conceptual approach of examining the processes by which services support pathways out of homelessness was found to be valuable for structuring the analysis.

The chapter begins by considering what services homeless people may need and why. The main body of the chapter appraises what is known from the current research evidence base in terms of: what services are delivered; how they are delivered (governance and funding); and the effectiveness of different approaches to service provision (particularly in terms of supporting pathways out of homelessness). Gaps in the research evidence base and requirements for future research and evaluation are then discussed prior to drawing overall conclusions on progress and future prospects.

### What Services Might Homeless People Require?

Definitions and meanings of homelessness are considered by Busch-Geertsema in the first chapter of this volume. FEANTSA and the EOH developed the ETHOS typology of homelessness, identifying 13 operational categories, living situations and generic definitions of homelessness, across four core categories of rooflessness, houselessness, insecure housing and inadequate housing (Edgar and Meert, 2005; Edgar, 2009). Acknowledging that the risk or experience of homelessness would be very different across these categories, services directed at improving people’s housing circumstances could prove valuable in all situations. Edgar (2009, p16) relates homelessness to exclusion from the physical, social and legal domains of housing, but does not incorporate the economic domain in terms of financial
resources to access housing, a link which subsequently emerges as a gap in other research. Further, it is equally important to conceptualise definitions of being housed in terms of appropriate physical shelter along with minimum standards to facilitate wider participation in society, such as:

- Reasonable choice (dwelling and neighbourhood)
- Reasonable standards (size, type, condition)
- Affordable costs (rent or rent allowance do not preclude employment)
- Reasonable security of tenure (medium to long term)
- Reasonable support services (independent living and participation in civic society)
- Reasonable living income (employment or state support).

This (the author’s) conceptualisation is similar to that of Article 11 of the United Nations International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966, cited in Kenna, 2005).

While homelessness can be a ‘state’ of lacking housing and other necessities, it is not an unchanging or permanent state. Dynamic approaches to understanding pathways into and through homelessness have been advocated by Anderson and Tulloch (2000), Anderson and Christian (2003) and Clapham (2003, 2005). A pathways approach recognises that housing and household circumstances change over the life course and that economic and social circumstances may constrain or enable access to a suitable home, or indeed enforce loss of a home.

Explanations of homelessness often utilise the notions of structure and agency (Neale, 1997). Ratcliffe (2004, p7) referred to the ‘familiar sociological terrain of the structure-agency dualism’, broadly attributed to Giddens (1984), whose ‘structuration theory’ emphasised the two-way interaction between actors and the wider social structures. Ratcliffe interpreted structure as encompassing those features of society which constitute a context for constraint or enablement (institutions, organisations, forces of social regulation, laws, custom and practice). Agency referred to meaningful social action of an individual or collective nature and is considered to be multi-layered and multi-dimensional (Ratcliffe, 2004). Structure and agency aid analysis of service provision for homeless people, in the sense of constraints and choices in accessing accommodation and support services required for inclusive participation in ordinary life. There are structural constraints on what services are provided, by whom, and for whom; and the agency of individuals is reflected in their use of available services.
This review begins with the premise that services for homeless people should be focused on the needs of potential service users (rather than on organisational goals of potential service providers) and that they should contribute to supporting pathways out of homelessness (rather than merely making homelessness more bearable). The services required by someone facing homelessness will reflect the extent/depth of their housing/homelessness crisis; the resources they have/lack to resolve it; and any combination of other needs of the person/households, besides the need for housing. For those without basic accommodation the provision of food, clothing, bathing and laundry facilities may be valuable. Resolving the housing crisis may require advice on how to negotiate access to accommodation and guidance on options available. Non-housing needs may require health services (physical, mental, addictions); social care services (though domiciliary care services are usually provided to ‘a home’); lighter Housing Support/Independent Living services; income maximisation (benefits) and employability services; and social networking/support services. Homelessness prevention services have increasingly developed in the post-2000 period (Pawson, 2007). Prevention was initially conceptualised as avoiding repeat homelessness through supporting residential sustainability (Pawson and Munro, 2010), but in an inclusive pathways model homelessness prevention through risk assessment and early intervention would be the first service available.

While it is relatively straightforward to identify a range of possible services, needs assessment and service delivery is by no means straightforward. Individuals may have highly complex combinations of housing and other needs and a wide range of agencies may be involved in service provision. Consequently, issues of co-ordination and inter-professional working are likely to be crucial to service effectiveness. Moreover, the homeless person needs to have some awareness as to how their needs might be assessed and met. This key interaction of structure and agency raises the question of co-ordinated needs assessment as a service and Edgar et al (1999) found that the detailed assessment of support needs of homeless people was generally underdeveloped across Europe.

Typologies of service provision have been developed through research linked to the EOH (Edgar et al, 1999, Edgar, 2009, and Busch-Geertsema et al, 2010) as indicated in Figures 1 and 2. Figure 1 shows a conceptual framework for comparative analysis which distinguished between emergency, transitional and long-term approaches to service provision. The model was useful in trying to summarise approaches across fifteen countries, but did not fully capture the diversity and complexity of potential responses to homelessness as reflected in the detailed national case studies in Edgar et al (1999).
Edgar et al’s (2000) review of housing and ‘support’, defined support as organised personal or social support which aimed to help people to live independently in the community (p9). Three broad types of support were identified (housing and domestic support; counselling and skills; and personal and health care support) and it was acknowledged that needs would vary according to life course stage and life experience. Edgar et al (2000) distinguished between ‘support in housing’ (where support could be flexibly delivered to accommodation) and designated supported accommodation (where there was usually a contractual relationship between accommodation and support, p10). In the remainder of this review, ‘support’ is viewed as an element of service provision to help people get by in accommodation. Wolf and Edgar (2007) noted that classifications of services and support continued to distinguish between accommodation and non-accommodation services; and between emergency and resettlement services and some services were available to both housed and homeless people (e.g. addiction/mental health services). Busch-Geertsema et al (2010) provided an updated typology of services either directed to homeless people or used by homeless and housed persons (Figure 2) and Edgar (2009) also provided operational examples of service provision in national contexts and further mapping of accommodation and service provision situations.
Figure 2.2: Typology of services for homeless people and those in immediate risk of homelessness

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention services for households in immediate risk of homelessness</td>
<td>services offering mediation in cases of domestic conflicts, assumption of rent arrears etc.</td>
</tr>
<tr>
<td>Emergency accommodation for roofless persons</td>
<td>emergency shelters</td>
</tr>
<tr>
<td>Temporary accommodation for houseless persons</td>
<td>temporary hostels, supported or transitional housing, shelters for victims of domestic violence</td>
</tr>
<tr>
<td>Non-residential services for homeless and formerly homeless persons</td>
<td>outreach services, day centres, advice services, health services, mobile food services, education, training and employment services, floating support for ex-homeless persons in permanent housing</td>
</tr>
<tr>
<td>Accommodation for other client groups that may be used by homeless people</td>
<td>hotels, bed and breakfast, specialist support and residential care services for people with alcohol, drug or mental health problems</td>
</tr>
<tr>
<td>Mainstream services for the general population that may be used by homeless people</td>
<td>advice services, municipal services, health and social care services, welfare payment services</td>
</tr>
<tr>
<td>Specialist support services for other client groups that may be used by homeless people</td>
<td>psychiatric counselling services, drug detoxification facilities, services for former offenders, services for vulnerable young people</td>
</tr>
</tbody>
</table>


This section has shown how the evolving research evidence base has shaped conceptualisations and models of the provision of a wide range of accommodation and services for homeless people. The following section examines service delivery in more detail, prior to the assessment of effectiveness in supporting pathways out of homelessness.

Delivering Homelessness Services

The funding and delivery of homelessness services reflects a combination of structural factors (e.g. approaches to overall welfare provision) and the agency of both service users and individual actors in the service provision community. The concept of ‘governance’ has been widely referred to in analyses of the changing welfare state to describe new ways of steering service provision and to capture increasingly complex structures of interaction between public and non-government stakeholders. This section draws on Benjaminsen et al’s (2009) use of ‘governance’ in a broad sense of how homelessness services are delivered in different countries and by whom. Separate chapters in this volume analyse the research evidence on national level strategies and broader welfare regimes on approaches to homelessness.
**Who provides homelessness services?**

Edgar *et al* (1999) identified a Europe-wide recognition of the need to tackle homelessness, and an increased role for the NGO (Non-Government Organisation) sector rather than the state for service delivery (though in countries like Greece, state funding was new). Changes in governance across Europe which influenced service provision included: decentralisation/regional autonomy; an enabling rather than providing role for local authorities; and contractual reliance on NGOs to provide services. Service providers required both capital and revenue finance and this came from a combination of state, private and charitable/church funding (Edgar *et al*, 1999). Organisational structures had to adapt to changing financial pressures, such as demonstrating effectiveness to funders and developing performance management frameworks with revenue funding particularly fragile (compared to capital).

Alongside the above broad international trends, Edgar *et al* (2003) identified some distinct national characteristics across five countries. Austria was characterised by bottom-up development and regional diversity but with a strong umbrella organisation. In Finland a strong role for municipalities also resulted in diversity while in Greece a lack of resources meant only fragmented service development. Portugal had experienced a shift away from church-based services and gradual growth in state involvement while the UK had seen a shift from a strongly housing-led approach to a more integrated approach embracing the provision of support services. Fitzpatrick and Stephens (2007) identified national funding streams for homelessness in seven of nine EU countries studied. In most cases, municipalities were enablers, but in Germany, Sweden, England and Hungary they were also direct providers of services for homeless persons. Only in France and the Netherlands was direct service provision negligible, while in Spain and the Czech Republic, municipalities had no major role as either providers or enablers.

Olson and Nordfelt (2008) analysed how variation in Swedish municipal approaches impacted on services for homeless people. The social democratic system was strongly connected to employment and earned income and homelessness services were the responsibility of local authorities under the Social Services Act (2001), rather than a national entitlement through National Insurance. This resulted in a ‘secondary’ housing sector providing a range of transitional accommodation through municipalities. The role of non-profit NGOs was described as a ‘tertiary’ system for those who fell through the safety net of the first two and once excluded, it could be very difficult to re-enter the secondary and main housing sectors.

Homelessness emerged as a social issue in the 1990s in Central European countries, but policy responses were generally slow to develop (Hradecký, 2008; Filipović-Hrast *et al*, 2009). While a non-profit sector emerged, impact was variable across countries. Filipović-Hrast *et al* (2009) found that the majority of homeless-
ness services were delivered by NGOs in Hungary while they played more of a complementary role to public service providers in Slovenia. In both Slovenia and Hungary, a more integrated and complex approach to providing homelessness services was evolving although this had not yet developed into formal homelessness strategies in either country.

NGOs providing services for homeless people are generally non-profit organisations (charities), rather than commercial (for profit) providers. Both faith-based and secular NGOs are active in homelessness service provision with distinctions between the two approaches narrowing in some countries (Johnson and Fitzpatrick, 2009). Private sector provision is more common simply as a source of housing for those moving out of homelessness. Identifying mechanisms to increase private sector provision in the 1990s, Edgar et al (1999, p77) noted that ‘the provision of guaranteed rentals or the absorption of the risks of housing management may be an effective means of ensuring the provision of accommodation for homeless people – especially those who required support to sustain a tenancy’. Temporary accommodation in the form of hotels or bed and breakfasts also represents a form of commercial service provision.

**Homelessness services: funding, regulation and competition**

Key funding issues identified by Edgar et al (2000) included the difficulty of distinguishing between housing costs and support costs and coordination between purchaser and provider agencies. Edgar et al (2003) also identified the state as increasingly a purchaser of services through competitive contracts with standards ensured through regulation. Despite growth in voluntary sector provision, organisational stability could be affected by reliance on a range of funding sources, an overall lack of resources, and the short-term nature of funding. Post-2004 funding remained limited in the Czech Republic (Hradecký, 2008) while the EU’s EQUAL initiative was utilised to develop service provision in Poland (Wygnańska, 2008). In Slovenia and Hungary, financial dependence on public resources also limited the activities of NGOs (Filipović-Hраст et al, 2009).

Wolf and Edgar (2007) concluded that most homelessness services remained the responsibility of the central state or local government and procurement rules drove improvement in quality of services. However, the danger of generalising across countries was highlighted by Dyb and Loison’s (2007) comparison of Norway and France as competition in welfare was not a core concept in either country. The governance of homelessness appears to remain influenced by a combination of social policy goals as well as business-oriented approaches to service delivery, embracing the state and NGO sectors more than the private
sector (with the exception of private rented housing/landlords). However, this review has not uncovered any comprehensive data on the funding of homelessness services across the EU.

**Access to mainstream services: the example of health care**

Health care services are perhaps the most universal of services which those who are homeless should, arguably, be able to access on the same basis as the housed population and the health care needs of homeless people have been extensively documented (Pleace and Quilgars, 2004; Pleace, 2008). Indeed a review of evidence on health and homelessness could merit a complete chapter in this volume. Although state involvement in health care was more common across EU countries than for many other welfare services, Anderson et al (2006) identified public, private and mixed models for health care provision. Drawing on the examples of Austria, Denmark, Estonia, Greece, the Netherlands, Portugal and the UK, the study identified structural and agency barriers to homeless people’s access to health services in all models. Policy responses to overcoming barriers included enhanced access to mainstream services, provision of alternative health services and improvements in access to specialist services. Such policy responses were more developed where homelessness itself was perceived as a priority for policy, including wider provision of housing and support. However, Anderson et al (2006) found a lack of evaluative evidence on the effectiveness of such policy initiatives and problems of poor health and exclusion from services persisted to some extent in all countries.

**Service co-ordination and interprofessional working**

The complexity of resolving homelessness has long necessitated co-ordination across housing providers, social services and health services; and between public authorities and NGOs and Edgar et al (2000, pp128-9) identified three possible models for co-ordinated provision: single-agency (providing housing and support services); two-agency (housing provider and support provider); and partnership (managing agency and a number of housing and service providers). Actual provision in different countries tended to reflect tenure patterns, the role of the voluntary sector, contracting arrangements and legislative structures.

Inter-agency working to improve services for homeless people was found to be a relatively recent development in a Scottish study (Kennedy et al 2002). Outside of the housing-led UK framework, the social work profession emerged as core to homelessness service provision (Edgar et al, 2003). A review of progress in Austria, Greece, Netherlands, Portugal and the UK (Anderson et al, 2005) suggested that service co-ordination was more common at local government planning level than at service delivery level. Co-ordination or interprofessional working was particularly required in circumstances where, for example: specialist services may not be
available or accessible; where complex/multiple problems fell outside of the scope of individual services; or practices such as discharge from institutions left people vulnerable to homelessness (Anderson et al, 2005 pp6-7). However, different service providers could have different approaches to inter-agency working and the study questioned whether strategic objectives were running ahead of conceptual models for evaluation of interagency working.

Approaches to interagency working also reflected national approaches to homelessness (FEANTSA, 2004). Only in the Netherlands and the UK was interagency working significant and this reflected ‘top down’ policy drivers from central government (Anderson et al, 2005). In Greece and Portugal, interagency working was driven more by EU policy and Austria remained distinctive as its federal nature resulted in diverse approaches in different regions. Interagency working was more likely to occur where it was a condition of funding and change could impact on the sustainability of partnerships. Difficulties for homelessness services in collaborating with other sectors were identified due to unequal relations in terms of staffing, professionalism and resources. More recently, Slovenia and Hungary were also identified as seeking to address homelessness through integrated, cross-sector cooperation (Filipović-Hrast et al, 2009).

Available evidence suggests gradual development of partnership working in the provision of homelessness services. However, in a field where there is detailed evidence on the complexity of the potential combinations of both service user needs and service provider structures and expertise, the lack of evaluative evidence on interprofessional and partnership working remains a key gap in understanding how services might better support pathways out of homelessness.

The Effectiveness of Homelessness Services

In applying a pathways approach to reviewing research evidence, this section will focus on what is known about the effectiveness of homelessness services in supporting people to move out of homelessness. It looks at current approaches to intervention before considering the emerging fields of homelessness prevention, service user empowerment, outcome evaluation and quality standards.

Approaches to intervention

Reflecting the complexity of meeting both housing needs and other health, care and support needs, a substantial focus for research has been the relative effectiveness of different approaches to providing housing and support. Edgar et al (1999) reviewed staged models of resettlement, some of which involved homeless people moving through different types of accommodation with different levels of support (staircase
models). Constructed largely as a linear process, such models allowed for moves forward/backward or up/down, but clients did not generally have full tenancy rights until they ‘achieved’ a move to a regular tenancy. This staged model was criticised as being too prescriptive in terms of assuming all individuals needed to make that type of transition (pp103-105). However, supported housing was still viewed as critical to successful resettlement (Edgar et al, 1999) recognising the importance of the overall ethos of a service as well as the model of housing and support.

Edgar et al (2000) found low levels of provision of supported housing across the EU, largely concentrated in large urban areas. They also noted that access may be linked to an applicant’s potential to move towards more independent living (as perceived by service gatekeepers), rather than their needs. Edgar et al, (2000, p165) concluded that while there was a positive role for supported housing there remained a need to address clarity of objectives, the restrictive nature of referral and allocation regulations, and the limitations imposed by some forms of funding and management. Better monitoring and evaluation of outcomes was also required, as well as an adequate supply of ordinary housing for people to move on to.

In their review of youth homelessness, Quilgars et al (2008) concluded that some transitional housing could be appropriate for younger people if tailored to their specific needs and with appropriate provision for moving on. However adult hostels have been criticised in terms of restrictions to physical, social and legal space. Busch-Geertsema and Sahlin (2007) argued that ‘basic temporary accommodation has often been legitimised by the sheer need of desperate people for physical shelter’ (p72) citing examples of new/large scale hostels in Madrid and Paris (p73) and questioning why the provision of ‘low threshold/high tolerance’ accommodation was often of a low standard. The examples of Germany and Finland demonstrated success in reducing homelessness among families showing it was possible to almost eliminate the need for temporary accommodation (Busch-Geertsema and Sahlin, 2007) and in Scotland, Glasgow City Council closed all large-scale hostels, resettling residents in ordinary housing in the community, with support (Fitzpatrick et al, 2010).

Busch-Geertsema and Sahlin (2007, pp85-87) identified five situations where hostels might still be required:

1. Emergency accommodation for homelessness in a crisis
2. Where clients had a preference for a protected environment
3. For high tolerance accommodation (e.g. wet hostels) which people considered their home
4. For refuges for those fleeing violence in emergencies
5. For vulnerable young people still developing independent living skills.
In these circumstances, minimum requirements for privacy, space to socialise, protection from evictions, service standards, user involvement and public scrutiny should be fulfilled. Similarly, Fitzpatrick and Wygnańska (2007, p62) highlighted the need to pay more attention to the following elements of hostel provision:

- Staff treating residents with respect
- Ensuring residents felt safe (e.g. from bullying)
- Regulations not being unreasonable
- Reasonable protection from summary eviction
- Hostel resident involvement in management
- Effective resettlement from hostels and sustainability of follow on/mainstream accommodation
- Monitoring standards in hostels and resident satisfaction.

As forms of temporary supported accommodation have been criticised as ineffective in supporting exits from homelessness the ‘Housing First’ approach developed in New York by the Pathways Agency has emerged as a potentially more effective model (Pleace, 2008; Tsemberis, 2010). Housing First focused on placing homeless people with addictions/other complex needs directly into permanent housing (emphasising consumer choice in housing) and separating housing from any prior requirement for treatment or lifestyle change. Support interventions were focused on harm reduction, and were open-ended and multi-disciplinary. Evaluation showed encouraging outcomes for tenancy sustainment and that the programme was cost effective, though evidence on the effectiveness of reducing mental health or addiction problems was less clear. Culhane (2008) cited evidence that support in ordinary housing was better value than shelter provision in the US, but the large-scale shelters from which quantitative data was collected are not typical of service provision in Europe. Atherton and McNaughton Nicholls (2008) also examined the US Housing First model concluding that while national and local contexts were important for transfer to Europe, available evidence pointed strongly to the capacity of homeless people with complex needs to maintain an ordinary tenancy, with appropriate support as needed.

Benjaminsen et al (2009) identified the impact of the Housing First approach across the UK and the Nordic countries, demonstrating the exchange of knowledge through international networks. Individual governments interpreted Housing First in differing ways, but with a clear emphasis on outcomes such as reducing the use of temporary accommodation, reducing stays in shelters, providing long-term or permanent accommodation and providing individualised services and support.
Tainio and Fredriksson (2009) expanded on how Finland was moving towards early provision of suitable accommodation, accompanied by appropriate tailored support services and access to mainstream health and welfare services. More detailed analysis of successful Housing First solutions was needed and the Finnish programme to reduce long-term homelessness (running to 2011) could provide useful evidence. Johnsen and Teixeira (2010) also reviewed international research on linear/staged and Housing First approaches, including research from North America, Australia and Japan. They concluded that linear approaches were still dominant in the UK (for single adults with complex needs) but that no major paradigm shift would be needed to adopt Housing First (indeed, it is ‘the norm’ for families with children who are protected by the legal safety net).

The debates around Housing First raise the question as to whether a ‘pathways’ approach to understanding homelessness suggests an extended linear model, but this is not the case. The pathways approach adopted here is focused on supporting routes out of homelessness and would suggest that an effective pathway would be as short as reasonably possible, taking account of the needs and preferences of homeless individuals and households. Figure 3 suggests that the maximum number of stages in a supported pathway out of homelessness need only be three, two might be more appropriate and the minimum could be just one (equating to ‘Housing First’). Services to support these accommodation pathways could be integrated into all stages in a dynamic approach focused on moving from homelessness to having a home. Johnsen and Teixeira (2010) also concluded that transitional housing and Housing First are not mutually exclusive approaches and some ‘staircase’ models are effectively more like an ‘elevator’ enabling short-cuts to ordinary housing. The more substantive question remains around how individual clients choose, or are steered into, different models of provision.
Homelessness Research in Europe

Figure 2.3: Possible pathways out of homelessness

<table>
<thead>
<tr>
<th>Homelessness state</th>
<th>Intervention 1</th>
<th>Intervention 2</th>
<th>Intervention 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roofless/ Houseless/ Threatened with homelessness</td>
<td>Emergency accommodation</td>
<td>Transitional accommodation</td>
<td>Settled accommodation</td>
</tr>
<tr>
<td>Roofless/ Houseless/ Threatened with homelessness</td>
<td>Emergency accommodation</td>
<td>Settled accommodation</td>
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<tr>
<td>Roofless/ Houseless/ Threatened with homelessness</td>
<td>Transitional accommodation</td>
<td>Settled accommodation</td>
<td></td>
</tr>
<tr>
<td>Roofless/ Houseless/ Threatened with homelessness</td>
<td>Settled accommodation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive needs assessment and development of services / support package.</td>
<td>Service/ support delivery</td>
<td>Service/ support delivery</td>
<td>Service/ support delivery</td>
</tr>
</tbody>
</table>

Source: author.

Homelessness prevention

Preventing homelessness could include an even broader range of advice and support services: to help people access social and privately rented housing; to help sustain tenancies and prevent eviction; and family/relationship mediation services. Evidence from both Germany and England has suggested successful implementation of homelessness prevention contributed to overall reductions in homelessness (Busch-Geertsema and Fitzpatrick, 2008). An emerging focus on prevention was also evident in the emphasis on reducing the number of evictions in the English, Norwegian and Swedish national homelessness strategies (Benjaminsen et al, 2009). Homelessness prevention services could usefully be delivered at all stages in Figure 3, with the aim of intervening as early as possible. Assessment of the US Housing First approach does not so far appear to have highlighted that it remains a responsive, rather than a preventive approach. While Housing First may be an effective pathway out of homelessness, EU countries may well wish to give equal or greater priority to developing much earlier interventions to prevent homelessness in the first place.

Empowering service users to move out of homelessness

The empowerment of homeless households in choosing their pathways out of homelessness (both accommodation and support services) is a crucial point of interaction between structural constraints/opportunities and the positive/constructive agency of individuals to influence effective solutions to homelessness. Edgar et al (1999) suggested that individual-focused services should apply to accommodation, approaches to working with clients, and inter-agency co-ordination. However, case study national reports did not identify any significant redistribution
of power from service providers to service users (Edgar et al, 1999). Edgar et al (2000) also concluded that the service user perspective in supported housing had been neglected and argued that empowerment should be a key principle underpinning housing, support and service provision to enable greater choice and control for clients. The empowerment of homelessness service users remains underdeveloped in Europe although evidence of increasing user involvement can be found in Denmark, France, Hungary, the Netherlands and the UK (Busch-Geertsema et al, 2010). However, it should also be noted that the ability of homelessness service users to defend their interests is often inhibited by the transitional nature of homelessness in addition to a lack of resources, continuity and stability (Anker 2009).

**Evaluating effectiveness outcomes**

A pathways approach to service evaluation would suggest indicators of effectiveness would reflect success in clients moving out of homelessness (rather than organisationally-oriented indicators). Research from outwith the EU raises both lessons and challenges for evaluating outcomes. The USA appears to have better developed quantitative data bases on homelessness and the effectiveness of interventions (Culhane, 2008) sometimes integrated with, for example, mental health services. However, recording systems were better in some parts of the US than others and there could be legal and ethical issues in terms of managing data bases with a large amount of personal information. Flatau and Zaretzky’s (2008) economic approach to effectiveness evaluated: relative improvements in outcomes for participants; the difference in cost between one programme and an alternative; and the overall effectiveness in terms of costs and outcomes. They recognised methodological and ethical issues including practical constraints on implementing Randomised Control Trials (RCT) in the field of homelessness. Their analysis justified intervention programmes on the basis of delivering positive outcomes for funds invested and savings on other programme areas (such as health, justice etc). While acknowledging client rights and moral duties to alleviate homelessness, Flatau and Zaretzky (2008) concluded that robust quantitative evaluations and RCT could be implemented with respect to homelessness programmes, although in practice this was still mainly confined to the US. The balance between developing RCT approaches the ethics of respecting client rights, as well as meeting client needs could usefully be explored further in the European context.

**Service quality and standards**

In line with the pathways out of homelessness approach adopted for this review, Wolf and Edgar (2007, p28) argued that the overall benefit of homelessness services should be understood as an improved quality of life of clients. They suggested that service regulation could lead to formalisation of standards and quality measurement (p21). However, many EU countries had no national standards for services
and in some cases standards were developed at regional or local level (p22). Scotland was noted as one country with a system of national inspection of homelessness services and the setting of Dutch standards in 2007 indicated how recent such developments were. Assessing outcomes and the perspective of service users remained complex and neglected and it remained necessary to look at longer-term methods of ensuring that services were delivering what customers needed (Wolf and Edgar, 2007).

Fitzpatrick, and Wygnańska (2007, p42) considered three types of standards for comparing hostel provision in the UK and Poland:

- Benchmarking: descriptive standards which clarified the content and nature of a service
- Normative: standards aimed at ‘levelling up’ services and improving the experience and outcome for service users.
- Actual: standards implemented in practice.

Comparing very different approaches in the UK and Poland, some general improvement in standards was evident. Although Norway had introduced quality agreements to hostels (Dyb and Loison, 2007), in most European countries residents still tended to have few rights of legal occupancy, remaining vulnerable to eviction. Fitzpatrick and Wygnańska (2007) concluded that there was evidence of levelling up of actual and normative standards within both the UK and Poland but not between the countries. However, they suggested it should be feasible to develop transparent EU-wide benchmark standards (outcome focused and informed by service user perspectives) to allow for more consistent comparison.

**Services for Homeless People: What More Do We Need to Know?**

While the European-level research review may mask particular strengths in the evidence base of individual countries, a number of gaps in our knowledge of the effectiveness of services for homeless people have emerged. Analysis of the economic position and financial resources of homeless people has not been integrated into the evidence base on needs and service provision. This would include poverty analysis, income generation/maximisation, employability services and social security and welfare benefits. The 2010 volume of the *European Journal of Homelessness* will address the links between poverty and homelessness and may go some way to reducing this gap.
Overall evaluation of service outcomes are not yet adequate, especially for international comparisons and better documentation and analysis of service user voice and empowerment is required. There is very limited evaluative evidence of the co-ordination of needs assessment or partnership and inter-professional working. Apart from general references to the role of social workers in some countries and housing professionals/housing support workers in others, relatively little is known about who works with homeless people in terms of the level and field of training and qualifications. We do not have a completely clear picture of how services for homeless people are funded across the EU (for example the proportions of funding through state, charitable or private sector sources) and detailed funding arrangements, which are of course subject to change.

Research reviewed, including EOH outputs, has tended to focus on acute aspects of homelessness, especially single adults with high support needs. While services may require to be targeted at those in greatest need, it is also important to interpret research within the broader context of housing need, including those who experience homelessness but just need housing and adequate income. Research on homelessness prevention is required as part of the next phase in homelessness policy and strategy, further moving to a strategic, proactive, early intervention approach rather than a responsive approach. This would necessitate studies of the potential for much earlier intervention to avoid homelessness events.

A substantive proportion of the research literature reviewed here takes the form of reviews, suggesting a requirement for new empirical projects (especially trans-national studies). While research gaps can be identified from the current evidence base, there may also be a large amount of valuable evidence from practice which is not documented in a way which can feed into reviews of policy and practice. Careful consideration needs to be given to appropriate methods for future research. In Fitzpatrick and Węgnańska’s (2007) comparison of hostels in the UK and Poland, the existence of a much greater body of research evidence in one country demonstrated the constraints of the comparative method within the EU. Recognising different institutional contexts in Germany and England, Busch-Geertsema and Fitzpatrick (2008) also cautioned against over simplistic comparisons and policy transfer.

Johnsen and Teixeira (2010) make the important point that not only is the evidence base on service effectiveness limited, but that evaluation cannot keep up with changes in practice. This is likely to continue to be the case unless evaluation becomes a regulatory or legal requirement. Even where forms of monitoring and evaluation are linked to service funding, this does not necessarily provide robust comparative research evidence. Effective research and evaluation requires resources which are rarely under the control of potential researchers. The European Union and national governments have influence over research agendas and inde-
pendent funding agencies will also have their sets of priorities. While the research community has opportunities to influence research agendas, there may remain a gap between ideal and realistic research approaches and programmes. The challenge of realising research ambitions and co-ordinating programmes within and across countries in a way that provides meaningful findings for service users and providers remains substantial.

Conclusion

A strength of the European Observatory on Homelessness has been its ‘home’ within the European Federation of national homelessness NGOs. This has ensured both research and researchers have been linked to the service-providing sectors, while bi-/multi-lingual researchers and translation resources facilitated the development of a comparative approach. This structure aided balance in international comparisons across member countries and sought to proactively nurture awareness of homelessness and build research capacity in those countries which did not have strongly developed frameworks for homelessness service provision or research. However, the output indicates an emphasis on review, rather than on substantial new empirical research.

EU member countries remain at differing stages in terms of the development of research, policy and practice on service provision for homeless people and drawing EU-wide conclusions risks over-generalisation and loss of in-country detail. Nevertheless, a few key trends have emerged: consensus on understanding the causes and complexity of homelessness; the complexity of changing governance; and perhaps most importantly, the emerging consensus around the delivery of support services in ordinary housing. As Busch-Geertsema and Sahlin (2007, p67) argued ‘an organised provision of mainstream housing, let with security of tenure and coupled with support when requested by residents is the only working solution to homelessness’.

The recognition of the wider support needs associated with homelessness was invaluable in delivering resources and services to a group who had been excluded from appropriate provision. But the emerging emphasis on ordinary housing and homelessness prevention in the post-2000 period seems to rightly re-state the fundamental requirement for secure housing, with the delivery of support services as required, as core to supporting people’s pathways out of homelessness. This is not a straightforward recommendation for the Housing First approach. It is a call for a balanced, dynamic approach to assessing and meeting the specific needs of individual people facing homelessness. A range of appropriate service providers need to facilitate coordinated access to appropriate housing and delivery of appro-
appropriate health and social care services as required for those with different needs. ‘Housing and Support Together’ may not be as catchy a phrase as ‘Housing First’ but it may be a more sophisticated overall strategy. Homelessness services also need to embrace comprehensive assessment of the needs and preferences of clients. Better use can be made of client experience to enhance service delivery for those at risk of, experiencing, and moving out of, homelessness.

Despite the emergence of ambitious national level strategies in the post-2000 period, homelessness has not yet been eradicated and there remains a need to provide services to help those in a housing crisis access stable housing. While a substantial proportion of those who do not have an adequate home have other health and social care needs, this also applies to those who are adequately housed. EU nations need to continue to distinguish both housing and support needs and to deliver joined-up housing and support solutions, without conflating the two in a simplistic way. There remains a need to provide non-housing services for homeless people because their state of homelessness contributes to exclusion from regular health and social care services available to those in stable housing. Inclusive welfare could address this by improving the access of homeless people to mainstream health and social care services rather than by perpetuating exclusionary specialist provision. The regulation of quality and standards of provision for both transitional accommodation and for the delivery of health and social care services to those in vulnerable housing circumstances could contribute to more inclusive outcomes.

The period 1990-2010 saw significant progress in understanding and tackling homelessness, with a growing research evidence base to support developing policy and practice. The crisis of neoliberalism which engulfed much of Europe in 2008 and precipitated severe austerity programmes in many EU states may test the prior emerging consensus to its limits. In the year when the EU consensus conference on homelessness seeks to take forward the agenda on ending homelessness, the need to protect achievements to date on providing housing and support services to prevent and alleviate homelessness may become the most critical task for research and practice. If neoliberal structures overwhelm the agency of vulnerable individuals and service providers, the outcome could well be more protracted and damaging pathways through homelessness in a less inclusive, more divided, Europe.
References


Knowing the number of homeless people and where they may be found allows services to be designed and organised in a systematic way. It also sheds light on the depth of housing insecurity and extent of social exclusion in society. In places like the United States, Canada, and the United Kingdom, counts of homeless populations are done by local authorities as part of regular policy activity. There were more homeless people in larger and older housing estates, and estates with more rental flats.